

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	765-001
	First Named Inventor	ROBERT WITKOWSKI
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
		Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLAG WAVING APPARATUS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

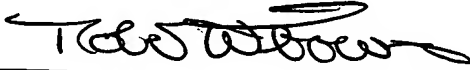
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
Provisional Application 60/451,154	USA	03/03/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	<input type="checkbox"/>		OR <input checked="" type="checkbox"/>	Correspondence address below	
Name <b>CLIFFORD G. FRAYNE</b>							
Address <b>136 Drum Point Road, Suite 7A</b>							
City <b>Brick</b>			State <b>NJ</b>		ZIP <b>08723</b>		
Country <b>US</b>			Telephone <b>732-262-2075</b>			Fax <b>732-262-2081</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) <b>ROBERT</b>				Family Name or Surname <b>WITKOWSKI</b>			
Inventor's Signature 				Date <b>2/9/04</b>			
Residence: City <b>Toms River</b>		State <b>NJ</b>		Country <b>US</b>		Citizenship <b>US</b>	
Mailing Address <b>2016 Longwood Lane</b>							
City <b>Toms River</b>		State <b>NJ</b>		ZIP <b>08755</b>		Country <b>US</b>	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	
<input checked="" type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)  
Approved for use through 10/31/2002. OMB 0631-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	ROBERT WITKOWSKI
Group Art Unit	
Examiner Name	
Attorney Docket Number	765-001

I hereby appoint:

☐ Practitioners at Customer Number  OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
CLIFFORD G. FRAYNE	27,637

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

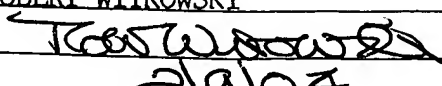
<input checked="" type="checkbox"/> Firm or Individual Name	CLIFFORD G. FRAYNE				
Address	136 Drum Point Road				
Address	Suite 7A				
City	Brick	State	NJ	Zip	08723
Country	US				
Telephone	732-262-2075	Fax	732-262-2081		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	ROBERT WITKOWSKI
Signature	
Date	2/9/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.